

APPLICATION DATA SHEET

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: Parasiticial Compositions

Attorney Docket Number:: BHC 04 1038

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Hans-Dieter
Middle Name::
Family Name:: HAMEL
City of Residence:: Köln
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Folwiese 44
City of mailing address:: Köln
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 51069

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Josef
Middle Name::
Family Name:: HEINE
City of Residence:: Leichlingen
State or Province of Residence::
Country of Residence:: Germany

Street of mailing Address: Gladbacher Weg 9
City of mailing Address:: Leichlingen
State or Province of mailing address::
Country of Mailing address:: Germany
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Christoph
Middle Name::
Family Name:: HUBO
City of Residence:: Odenthal
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Heiderhof 11
City of mailing address:: Odenthal
State or Province of mailing address::
Country of Mailing address:: Germany
Postal or Zip Code of mailing address:: 51519

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Wolfgang
Middle Name::
Family Name:: JIRITSCHKA
City of Residence:: Leichlingen
State or Province of Residence::
Country of Residence:: Germany
Street of mailing address:: Brucher Weg 4
City of mailing address:: Leichlingen
State or Province of mailing address::
Country of Mailing address:: Germany
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: Germany
 Status:: Full Capacity
 Given Name:: Dirk
 Middle Name::
 Family Name:: MERTIN
 City of Residence:: Langenfeld
 State or Province of Residence::
 Country of Residence:: Germany
 Street of mailing address:: Oskar-Erbslöh-Str. 7
 City of mailing address:: Langenfeld
 State or Province of mailing address::
 Country of Mailing address:: Germany
 Postal or Zip Code of mailing address:: 40764

Correspondence Information

Correspondence Customer Number:: 35969

Representative Information

Representative Customer Number:: 35969

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP05/002331	03/05/05

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
DE	102004013527.4	03/19/04	yes

Assignee Information

Assignee name:	Bayer HealthCare AG
Street of mailing address:	
City of mailing address::	Leverkusen
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	51368